

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016408

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

297

Primary Registration District No.

6022

Registrar's No.

50

FILED MAY 15 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>                               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Richmond township</b>  |  | c. CITY OR TOWN <b>Richmond</b>  |   |
| Length of stay in 1b<br><b>1 hour</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2 miles S<sup>W</sup> of Henrietta</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>220 Parnell St.</b>  |   |
| Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print)   |  | 4. DATE OF DEATH   |   |
| First <b>CECIL</b> Middle <b>PAUL</b> Last <b>CLEMMONS</b>   |  | Month <b>May</b> Day <b>8</b> Year <b>1962</b>   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>10/28/1922</b>                                 |
| 9. AGE (last birthday)<br><b>39</b>  |  | 10. IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>10</b>  |   |
| 11. IF UNDER 24 HR<br>Hours <b>10</b> Min. <b>30</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Production worker</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Lake City Arsenal</b>  |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Orrick, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A</b>  |   |
| 13a. FATHER'S NAME<br><b>James P. Clemmons</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Esther Lewis</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Never married</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes World War II</b>                               |   |
| 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |  | 17. INFORMANT<br><b>Mrs. Lucille Barger, Richmond, Mo.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carbon monoxide poisoning</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 min.</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><b>Richmond, Mo.</b>   |  |   |
| 21. I attended the deceased from _____ and last saw her alive on _____<br>Death occurred at: <b>approximately 4:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  | 22c. DATE SIGNED<br><b>5/9/1962</b>  |   |
| 22a. SIGNATURE<br><b>[Signature]</b>   |  | 22b. ADDRESS<br><b>Richmond, Mo.</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>May 10, 1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Woodland Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Richmond, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Thurman Funeral Home, Richmond, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>5-13-1962</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |  | 27. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 24 1962

MAY 17 1962

MAY 17 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

JOSEPH, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leona Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.